LOS ANGELES COUNTY COMMISSION ON HIV

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JOINT COMMISSION ON HIV/ PREVENTION PLANNING COMMITTEE HIV PLANNING MEETING MINUTES

January 10, 2013

COMMISSIONERS PRESENT	COMMISSIONERS PRESENT (*cont.*)	PPC MEMBERS PRESENT	PPC MEMBERS ABSENT
Carla Bailey, *Co-Chair*	LaShonda Spencer	Michael Green, *Co-Chair*	Sophia Rumanes, *Co-Chair*
Michael Johnson, *Co-Chair*	Carlos Vega-Matos	Anthony Gutierrez, *Co-Chair*	Juli-Ann Carlos-Henderson
Sergio Aviña	Tonya Washington-Hendricks	Ricky Rosales, *Co-Chair*	John Copeland
Vivian Branchick	Fariba Younai	Michelle Enfield	Trevor Daniels
Joseph Cadden		Aaron Fox*	Jeffrey Goodman
Lilia Espinoza		David Giugni*	Heather Grant
Aaron Fox* (*JPP Co-Chair*)	**COMMISSIONERS ABSENT**	Grissel Granados	Brian Lew
Douglas Frye	Al Ballesteros	AJ King	Victor Martinez
David Giugni*	Cheryl Barrit	Jill Rotenberg	Terry Smith
Terry Goddard	Anthony Braswell	Milton Smith	Enrique Topete
Joseph Green	Christopher Brown		Kathy Watt*
David Kelly	Whitney Engeran-Cordova		Timothy Young
Ayanna Kiburi (*by phone*)	Thelma James	**COMMISSION STAFF**	
Brad Land	James Jones	Dawn McClendon	
Ted Liso/Jim Chud	Lee Kochems	Jane Nachazel	**DHSP STAFF**
Anna Long	Elizabeth Mendia	Glenda Pinney	Kyle Baker
Abad Lopez	Karen Peterson	James Stewart	Elizabeth Escobedo
Jesse Lopez	Juan Rivera (*on leave*)	Craig Vincent-Jones	Claire Husted
Jenny O'Malley	Kathy Watt*	Nicole Werner	John Mesta
Angélica Palmeros			Cheryl Williams
Mario Pérez			Juhua Wu
Stephen Simon			Paulina Zamudio
MEMBERS OF THE PUBLIC PRESENT			
Ernesto A.	Robert Aguayo	V. Ashley	Herman Avilez
René Bennett	Traci Bivens-Davis	Chris CiFuentes	Peter Cruz
Zoyla Cruz	Tracey Cumberland	Niki Dhillon (by phone)	Dahlia Fertilo
William Flores	John Forbes	Tina Henderson	Jesse Jimenez
Jeffrey King	Faith Landsman	Anish Mahajan	Karen Mark (by phone)
Miguel Martinez	Ismael Morales	Lelenia Navarro	Maria Rangel
Gayle Rutherford	Lambert Talley	Jason Tran	Tzeli Triantafillou
Jithin Veer	Kevin Weiler	Sharon White	Kathy Wilson (by phone)
Jason Wise			

* *Indicates dual Commission and PPC membership*.

JOINT COMMISSION/PPC MEETING

1. **CALL TO ORDER**: Mr. Gutierrez opened the meeting at 9:30 am.
   - **A. Roll Call** (**Present)**:
     - *Commission*: Branchick, Cadden, Espinoza, Fox*, Frye, Giugni*, Goddard, Joseph Green, Johnson, Kelly, Kiburi, Liso, Long, Jesse Lopez, Pérez, Simon, Spencer, Vega-Matos, Washington-Hendricks, Younai
     - *PPC*: Enfield, Fox*, Giugni*, Granados, Michael Green, Gutierrez, King, Rosales, Rotenberg, Milton Smith

2. **PUBLIC COMMENT, NON-AGENDIZED OR FOLLOW-UP**:
   - Ms. Bivens-Davis, Community Engagement Coordinator, Reach LA, announced they and NAESM will co-sponsor the 2013 National African-American MSM Leadership Conference on HIV/AIDS and other Health Disparities, Hilton Los Angeles Airport Hotel, which opens 1/17/2013. Reach LA will host a public ball 1/18/2013 for the House and Ball community. Tickets are $10. Prize sponsorship is needed for youth 18 - 29 in various categories.
   - Dr. Henderson, JWCH, reported the Women of Color SPNS Project was funded in 2009. 91 women have been enrolled to date. The goal is to enroll 150 women by the end of the grant in about 7 months. She encouraged referrals.

3. **COMMISSION/PPC COMMENT, NON-AGENDIZED OR FOLLOW-UP**: There were no comments.

4. **APPROVAL OF AGENDA**: The agenda was accepted, but not voted as there was no PPC quorum.

5. **COMREHENSIVE HIV PLANNING (CHP) TASK FORCE REPORT**:
   - **A. LA County 2013-2017 Comprehensive HIV Plan**:
     - Ms. Husted, consultant, was proud of the plan developed in community by the Task Force. She noted the Plan is similar to that presented in May in some parts, but other parts have changed. Not all feedback received was included in the May Plan due to the HRSA deadline and other time constraints. Ms. Husted has since reviewed all feedback again.
     - Several special data requests from HIV Epidemiology, DHSP also generated new information. Some has been incorporated though a few pieces were not included, due to time constraints, but they will be included later.
     - The current document is 161 pages in an effort to make it stronger, more accessible and useful. The previous HIV care plan was about 300 pages and the previous prevention plan was about 200 pages.

     I. **Background**: This section was not changed significantly overall, though some content was updated. Subsection F, Testing, Linkage to Care, Plus Treatment (TLC+) Framework, was also added.

     II. **Epidemiologic Overview**: The Introduction and Description of Los Angeles County were not changed. Section C (Persons Living With and At Risk for HIV) has been reorganized to reflect core epidemic issues. The Task Force chose to organize the information based on the population flow map in the continuum. Some information was updated since May.
     - The subsection on HIV-negative Individuals at Risk for HIV reviews high risk and high burden populations by race and ethnicity, age, gender and SPA. Estimates are derived from surveillance data of currently infected persons.
     - The data in the subsection on HIV-positive Individuals Unaware of their Infection is based on a CDC formula and methodology using surveillance data that has been adjusted to better reflect the County's epidemic.
     - The subsection on HIV-positive Individuals Who are Aware but Not in Care uses HRSA methodology to estimate unmet need. It does not rely entirely on surveillance data. Estimates were updated consistent with the October 2012 Part A application.
     - The subsection on HIV-positive Individuals Who are Accessing Services/Adherent to Care Plan combines two populations from the continuum flow map because it is difficult to sufficiently distinguish estimates. The complex table from the May report was replaced with a recently published study co-authored by DHSP on Retention In Care (RIC).
     - Section D (Social Determinants of Health) received considerable feedback in May, and now includes updated data.
     - Section E (A New Model: Using Syndemic Planning with Spatial Epidemiology) reflects the County's use of syndemic planning to better describe the STD/HIV correlation. Spatial epidemiology maps will be added for the five syndemic clusters and eight SPA maps will reflect cluster locations within SPAs. Most current County data is based on SPAs so information on clusters within them will aid providers in grant development.
     - The final section addresses Sexually Transmitted Infections.

III. **Key Populations in Los Angeles County**: This is a new section developed by a Task Force work group. The identified key populations are summarized in the table on page 59. The CDC used to require "priority populations," while HRSA addresses "special populations" including some identified by the Commission. At the XIX International AIDS Conference, July 2012, discussion focused on "key populations" and that language was adopted for six populations. Priority subpopulations, many of which are defined by a significant amount of data, were also identified. Populations of interest were acknowledged as important, but lacking strong data and in need of more research. The section uses new data requested from DHSP.

IV. **Assessing Community Needs, Gaps and Barriers**: This section uses populations from the continuum flow map for the assessments. Figure 31, page 71, presents the flow map, including estimates for the HIV+ populations. There are no estimates for the HIV- low- and high-risk populations, due to the complexity of quantifying them. They are also discussed together as "at risk" because individual risk can change quickly, e.g., due to an unprotected sexual encounter.

V. **Los Angeles County's Continuum of HIV Prevention and Care**: Section B (Available Resources) reviews public resources available to implement the County's HIV continuum. Table 25, pages 84-85, presents a matrix of interventions/ services by population group and identified funding source(s). HRSA has requested funding information since many services have multiple funding streams. Additional sections are C (HIV Prevention, Testing and Linkage to Care in Los Angeles County), D (Care and Treatment for Persons Living with HIV and AIDS), including revised service categories, and E (Capacity Building and Technical Assistance).

VI. **Future Direction for Los Angeles County's HIV Services**: This section was changed significantly. DHSP submitted the CDC jurisdictional plan in September 2012. It reflected much of the May Plan, but also how to operationalize the work. The section now incorporates that information and addresses some HRSA guidance, e.g., section B (Building on the Past).
   - Section C (2013-2017 Goals and Objectives) was developed in multiple work group meetings. The group chose not to begin with National HIV AIDS Strategy (NHAS) priorities, but final choices reflect them all the same.
   - Table 29, page 103, "Los Angeles County HIV Dashboard," provides 9 objectives for 5 goals and includes baseline, 3-year and 5-year targets. Most measures are available. Measures for objectives 8 and 9 are to be developed. Strategies to achieve goals and objectives are detailed on page 104. Table 30, page 106-107, Los Angeles County's Implementation of the CDC's "Required and Recommended Interventions" and HRSA's "Core and Support Services," was developed for the CDC's jurisdictional plan. It identifies which interventions/services are being scaled up, might be scaled up or are unlikely to change.
   - Section D (Work Plan for HIV Services Along the Continuum) reflects the clear intention for the Plan to be a living document reviewed and updated annually. CDC, in particular, often requests annual updates and objectives. From a broader perspective, this section reflects past and current efforts to change existing local, state and federal policies/regulations that are barriers to creating an environment for optimal HIV prevention, care and treatment.
   - Multiple work areas are discussed, such as social marketing campaigns, community mobilization, routine opt-out testing for HIV in clinical settings, and provision of Post-Exposure Prophylaxis (PEP) to populations at greatest risk. Each is detailed with goals, strategies, measurable objectives and a continuum flow map highlighting targeted population(s).
   - Following are sections E (Coordinating Efforts to Address Gaps and Overlaps in Care); F (Ryan White's Collaboration with ECHPP); G (Alignment with National and State Plans); H (Response to Future State or Local Budget Cuts); and I (Community Planning for the HIV/STD Continuum of Prevention, Care and Treatment in Los Angeles County).

VII. **Measuring Results**: This section concludes the Plan narrative and was updated to reflect changes elsewhere in the Plan. It also responds to some of the questions in the HRSA guidance.

VIII. **Attachments**: There are now four attachments: A [Syndemic Cluster Maps (5 cluster areas)]; B (CDC Required and Recommended Interventions); C (Los Angeles County Care Services – Definitions), a table comparing County and Ryan White definitions; and D (Matrix of Projects and Programs in Los Angeles County by CDC Intervention). The latter's title will be revised to reflect HRSA's core and support services are included in the table.
   - Additional attachments will include the SPA maps showing syndemic clusters, and an index. It was decided not to include a description of terms, both to save space and because they are described in the narrative and in other documents.
   - Dr. Michael Green noted comments may be emailed to ppc@ph.lacounty.gov by 1/31/2013. Comments will be reviewed, synthesized and forwarded to Ms. Husted for final revisions. The final Plan is expected by mid-February.

- Ms. White, LA Women's Collaborative on HIV/AIDS, suggested a means for those without internet to submit comments.
- ➲ Dr. Green agreed to look into non-internet comment options and distribute results via the listserv.

B. Planning Body Unification:

- Mr. Vincent-Jones reported the Commission requested Technical Assistance (TA) from HRSA. It was approved by the end of December, after only two weeks, underscoring the importance HRSA places on the work. They intend to use this process as a case study to help other Part A jurisdictions considering consolidating their planning councils and HIV planning groups.
- Emily Gantz McKay has been identified tentatively as the TA. The Commission has worked with her on numerous projects in the past. The Task Force Co-Chairs will interview her since the PPC is less familiar with her work.
- Tentative dates are as follows: 2/5-6/2013 all-day Task Force meetings; 2/7/2013, Ms. McKay discusses work at the regularly scheduled 2/7/2013 PPC meeting; 3/5-6/2013 all-day Task Force meetings; presentation on 3/7/2013 at a Joint Commission/PPC meeting to consider/approve the unification plan and review the final Comprehensive HIV Plan; 3/18-19/2013 is tentatively reserved for any additional work. The Task Force will review the schedule at its 1/14/2013 meeting.
- The desired timeline presented to HRSA is to complete the unification plan by the end of March in order to complete County Code review/approval by the end of the County's fiscal year on 6/30/2013. The timeline remains tentative.

6. ANNOUNCEMENTS: There were no additional comments.

7. JOINT MEETING ADJOURNMENT: The joint meeting adjourned at 10:20 am.

A. PPC Roll Call (**Present)**: Enfield, Fox*, Giugni*, Granados, Michael Green, Gutierrez, King, Rosales, Rotenberg, Milton Smith

COMMISSION MEETING

8. APPROVAL OF MEETING MINUTES:

A. November 8, 2012:

MOTION 1: Approve meeting minutes from November 8, 2012, as presented ***(Passed by Consensus)***.

9. PARLIAMENTARY TRAINING: Mr. Stewart noted training began that morning, 8:30 to 9:00 am. It continues next month.

10. CO-CHAIRS' REPORT:

A. Co-Chair Elections: Mr. Stewart noted the election is for the seat held by Mr. Johnson. Messrs. Johnson and Simon were nominated at the last meeting, but Mr. Simon withdrew his nomination.

MOTION 2: Elect Michael Johnson Commission Co-Chair for a two-year term, as nominated and voted ***(Passed by Consensus)***.

B. Executive Committee At-Large Member Elections:

- Mr. Stewart noted elections are for the three At-Large seats on the Executive Committee. Mr. Liso was nominated previously. Ms. Bailey nominated Joseph Green. Mr. Johnson nominated Mr. Goddard but, as an Alternate, he was not eligible. Mr. Vega-Matos nominated Dr. Spencer, but she declined due to work load.
- ➲ Agreed to proceed with the two nominees and seek a third at the next meeting.

MOTION 3: Elect Joseph Green and Ted Liso as Executive Committee At-Large members, as nominated and voted ***(Passed by Consensus)***.

C. HRSA Part A Project Officer Site Visit: Mr. Vincent-Jones said Karen Ingvoldstad, HRSA Part A Project Officer, will conduct a site visit 1/22-25/2013. She will attend the 1/22/2013 P&P Committee and a special 1/24/2013 Consumer Caucus meetings.

11. PUBLIC HEALTH/HEALTH CARE AGENCY REPORTS:

A. DSRIP Status Report/Department of Health Services (DHS):

- Dr. Mahajan, Director, System Planning, DHS, provided an update on the Delivery System Reform Incentive Pool (DSRIP) for the HIV transition. DSRIP is an important piece of the 1115 Waiver, providing approximately $3 billion from the federal government and the state that is filtered to local public health systems that provide coherent and innovative plans to improve their infrastructures, quality and processes of care.
- The initial 2010-2015 DSRIP included four categories: 1) Infrastructure Development, e.g., disease management registry, nurse advice line; 2) Innovation and Redesign, e.g., medical homes, integrated behavioral/physical health; 3) Population Health, e.g., quality metrics; and 4) Inpatient Quality Improvement, e.g., improved sepsis care.
- A new fifth category (HIV Transition Projects) proposal was approved by the Centers for Medicare and Medicaid Services (CMS) on 1/9/2013. It represents nearly $100 million in County funds. DHSP was a key development partner. Category 5 will entail the following identified projects for DHS:
  - Category 5A (Infrastructure and Program Design) includes three projects: 1) Empanelling patients into HIV medical homes; 2) Implementing the Disease Management Registry; and 3) Launching eConsult for HIV primary care. eConsult is an IT platform that enables primary care physicians to query a specialist prior to referral to ensure referrals are appropriate, timely and that all necessary tests and documentation are available for any required specialist appointment.
  - Category 5B (Clinical/Operational Outcomes) focuses on improvements in ten HRSA/HAB measures for County clinics as a group.
- Reporting and performance improvement covers DSRIP Year (DY) 8, July 2012 – June 2013, with a mid-year report due March 31, 2013; and DY 9, July 2013 – June 2014.
  - Category 5A Project 1 (HIV medical homes) milestones are: DY 8, 1st semi-annual, define accepted HIV training, background, certifications for providers and document HIV training/certification for all providers; DY 8, 2nd semi-annual, develop optimal staffing plan model for medical homes, define roles/responsibilities for medical home team members and develop risk adjustment algorithms for patient assignments; DY 9, implement the staffing model and assess engagement of patients with their medical homes. DHSP has collected data for the 1st semi-annual report and the report is being prepared.
  - Category 5A Project 2 [Disease Management Registry (DMR)] milestones are: DY 8, 1st semi-annual, assess hard-ware (e.g., PCs) needs in clinics; DY 8, 2nd semi-annual, identify HIV-specific care specs needed in DMR and com-plete Training of Trainers for DMR use; DY 9, roll-out HIV-specific DMR functionality in all clinics and document ongoing evaluation of clinical performance measures and use of data for performance improvement activities. The assessment for the 1st semi-annual report is done.
  - Category 5A Project 3 (eConsult) milestones are: DY 8, 1st semi-annual, select three priority specialties and work-group participants (GI, Urology, Nephrology); DY 8, 2nd semi-annual, establish primary–specialty care workgroups for priority specialties to develop shared approaches to common medical conditions for patients with HIV, and launch eConsult in at least one of the three selected specialties; DY 9, launch eConsult in the two selected addi-tional specialties and share lessons about specialty care use and service delivery improvement via HIV Commission. The 1st semi-annual work is done.
  - The Category 5B measures are: CD4 T-cell count, HAART, medical visits, PCP prophylaxis, Viral Load (VL) monitor-ing, VL suppression, Hepatitis B screening, Hepatitis B vaccination, tobacco cessation counseling, medical case management. Discussions continue to identify improvement targets from baseline per measure.
- Dr. Mahajan felt HIV care within DHS clinics is very good, but this process will improve work as a system.
- Mr. Vincent-Jones asked about preliminary milestones due in December 2012. Dr. Mahajan affirmed some measures were required by December, but there was strong support for County participation and much of the information had already been collected with the assistance of DHSP.
- Mr. Land urged additional consumer feedback, e.g., via Community Advisory Boards (CABs) and the Consumer Caucus.
- Mr. Chud asked about "optimal staff" for medical homes. Dr. Mahajan replied work continues on the staffing model with Dr. Konali Kulkarni, Medical Director, DHSP, her staff and DHS staff. The separate Medical Care Coordination (MCC) effort is helpful in bringing staff, e.g., case managers and nurses who can help with medical home operations.
- Mr. Pérez thanked Dr. Mahajan for his DSRIP leadership. DSRIP reflects a more robust Department of Public Health (DPH) and DHS partnership already strengthened over the last few years with Affordable Care Act (ACA) activities.
- DSRIP also reflects a tremendous opportunity to evolve and modernize our overall HIV system of care. DHS provides quality care to approximately 5,000 PLWH, but documentation of clinic health outcomes can be improved.

- He felt DSRIP provides the opportunity to learn a great deal about subspecialties, IT tools that benefit clinicians and staffing patterns. Much of the latter has had consumer input, as it is largely based on the MCC framework. He recommended involvement of the Pacific AIDS Education and Training Center (PAETC) partners. California is an early adopter of many ACA elements, such as DSRIP, and other jurisdictions look to the County for lessons learned.
- Ms. Washington-Hendricks asked what clinics were involved. Mr. Pérez said the HIV clinics are: Harbor/UCLA; Olive View Medical Center; Rand Schrader; Martin Luther King-Multi-Service Ambulatory Care Center (MACC) and the associated Hubert Humphrey-MACC; High Desert Health Care System; Long Beach Comprehensive Health System; Maternal, Child and Adolescent Health (MCAH). They serve a combined 5,000 PLWH.
- Mr. Johnson asked about development of the risk adjustment algorithms for patient assignment (Project 1). He indicated that such algorithms are mechanism often employed within a plan to balance the burden to provider groups, but these patients will be assigned within DHS. Dr. Mahajan replied DHS is involved in a wider empanelment effort to both DHS and Healthy Way LA (HWLA). Algorithms were first developed to ensure patients are paired with providers they usually see. Goals are to ensure a good patient-provider match and to ensure some providers do not carry an excessive burden of high acuity patients.

➲ Mr. Vincent-Jones and Dr. Mahajan will coordinate future Commission updates on DSRIP.

➲ Dr. Mahajan will consult with DHSP and others and report back on the possibility of "optimal staff" development input.

12. CALIFORNIA OFFICE OF AIDS (OA) REPORT:

A. OA Work/Information:

- Ms. Kiburi, Chief, Care Branch was joined by Dr. Mark, Interim Division Chief; Ms. Dhillon, Chief, ADAP Branch; and Kathy Wilson, HIV Care Program Advisor.
- Dr. Mark announced Governor Brown released his proposed budget that morning. There are no changes proposed to the $6.65 million in General Fund support for the HIV/AIDS surveillance program or for FY 2012-2013 ADAP. In FY 2013-2014, it is projected that ADAP will return $16.9 million to the General Fund due to savings from transition of eligible clients to the Low Income Health Program (LIHP) and higher ADAP special fund revenue due to a rebate rate increase from 56% to 60%.
- There are no ADAP policy changes with substantial fiscal impact. A small ADAP pharmacy benefits manager transaction cost increase is included for $779,000 in FY 2012-2013 and $671,000 in FY 2013-2014 due to 6-month recertification.
- Estimated savings from the 2014 transition of ADAP clients into Medi-Cal expansion and the Health Benefits Exchange are not included in this budget. They will be included in the May Revise.
- The FY 2012-2013 enacted budget for ADAP was $448 million with $16.9 million in General Funds. The revised budget is $468 million, an increase of $20.2 million, mainly due to reduced savings estimates from client transitions to LIHP. The increase results from $12.3 million in federal funds and a $7.9 million increase in the ADAP special fund.
- In FY 2013-2014, proposed ADAP funding is $435.7 million. The decrease of $32.9 million compared with the revised current year is primarily due to clients transitioning to LIHP. Changes to OA's budget authority include an increase of $49.2 million in reimbursement funds, the return of $16.9 million to the General Fund, a decrease of $20.7 million in federal funds, and a decrease of $44.5 million in ADAP special fund expenditure authority.
- Reimbursement funds can be used for expenditures which cannot be paid via Ryan White (RW) or ADAP funds, e.g., expenditures for ADAP and Office of AIDS-Health Insurance Premium Payment Program (OA-HIPP) clients with a Medi-Cal share-of-cost, expenditures for potentially LIHP-eligible clients in OA-HIPP or OA-Pre-existing Condition Insurance Plan (PCIP), and transaction fees invoiced by the Pharmacy Benefits Manager (PBM) for unapproved transactions.
- Regarding LIHP, estimated net savings for FY 2012-2013 are $68.7 million and $$121.7 million in FY 2013-2014.
- The ADAP estimate package, information from the summary, and the revised AIDS charts are posted on the OA website. Stakeholder callers were scheduled for 1:00 and 2:00 pm that afternoon, but would reflect this report.
- Mr. Fox was pleased the budget contained no cuts and cost-sharing appeared to be off the table. He was concerned that estimated savings from client transition off of ADAP in the May Revise could overestimate how quickly clients transition, especially looking forward to the Medi-Cal expansion in 2014. Dr. Mark expected Medi-Cal expansion itself would have little impact on ADAP because most clients eligible to transition would already have transitioned to LIHP.
- Mr. Fox said he also envisioned ADAP post-2014 filling gaps such as cost-sharing expenses not met be ACA.
- Mr. Vincent-Jones credited the community and OA in staving off cost-sharing. He noted previous discussion on whether OA had independent authority to impose cost-sharing should it face severe budget cuts, and asked if OA had that authority. Dr. Mark replied that OA does not have that authority itself; ADAP is not an entitlement program, but there are emergency actions that could be taken if needed.

- Mr. Vincent-Jones added that clarification on use of RW funds for cost-sharing was raised with HRSA Part A/B staff at the All-Grantees meeting. Some jurisdictions are allowed to use funds for that purpose, but the HRSA letter to OA appeared to prohibit it. He felt that would be a critical issue to address gaps once ACA is fully implemented in 2014.
- Mr. Liso noted there was a Social Security Insurance (SSI) Cost Of Living Adjustment (COLA) freeze in the pre-budget. He asked if any cuts are planned to SSI prior to the freeze. Dr. Mark responded that SSI was outside of the OA scope.
- Ms. Kiburi reported OA submitted the HIV Care Grant Program Part B application ahead of time on 1/3/2013. The application would be posted on the OA website by the end of the month.
- There was a HRSA comprehensive Part B site visit 9/10-12/2012. HRSA was unable to complete the site visit due to the size of California's Part B program. It plans to return in mid-March to finish the fiscal and administrative quality management and monitoring process review, including ADAP and the Minority AIDS Program.
- OA received the site visit report 12/17/2012, which summarizes fiscal and programmatic strengths, findings and recommendations. OA must implement an action plan responding to recommendations for submission in 60 days.
- Based on HRSA's national monitoring standards, OA will require HIV Care Program Local Health Jurisdictions (LHJs) to document that: 1) service categories consistently reflect unmet need, service gaps and geographic access based on LHJ needs assessment data; and 2) verify Part B funds are tracked, and are used as funding of last resort.
- OA will schedule TA conference calls on budget forms and scopes of work starting February 2013. It is preparing contracts for a new 3-year term to be signed and fully executed by 7/1/2013.
- Discussions continue with the Department of Health Care Services (DHCS) on potential benefit coordination between the HIV/AIDS Medi-Cal Waiver Program (MCWP) and the Coordinated Care Initiative (CCI) Managed Care Plans. OA is working with DHCS to develop a HIV-specific fact sheet for beneficiaries. It will be posted on the website once finalized.
- The HIV Prevention Branch will host the OA HIV Test Counselor training partners on 2/8/2013 to coordinate training activities. Some topics are the newly revised Basic Counselor Skill Testing (BCST) Curriculum now in the pilot stage and upcoming approval of training curriculums for other HIV Rapid Test kits used by OA training partners: Alliance Health Project (AHP), San Francisco County DPH, Los Angeles County DHSP, and AIDS Healthcare Foundation (AHF).
- As part of its 2013 Part B and ADAP Clinical Quality Management (CQM) Plan, OA will work with contracted LHJs and their subcontracted providers to review quality of care and services provided and ensure CQM processes are in place. OA offers TA to LHJs and their subcontracted providers when needed.
- Ms. Dhillon reported OA is working toward 6-month re-certification. A 12/14/2012 teleconference with stakeholders discussed next steps, including: create a workgroup of consumers, enrollment workers, CCLAD members and advocates; develop a self-attestation form to be mailed to clients with their residency, income and third-party payer information to be signed and returned if there is no change, or returned with any change documentation; develop a separate form that an Enrollment Worker could sign pursuant to a client phone call with a grace period for clients to sign and/or provide documentation; finalize forms, review them with the workgroup, and submit them to HRSA for review/approval.
- Starting in February 2013, clients who come in for re-certification will be informed of the 6-month re-certification requirement. Their re-certification will be in August 2013. ADAP will send out a management memorandum and hold conference calls in late January 2013 to educate ADAP coordinators and enrollment workers of the new timeline.
- Mr. Vega-Matos asked for an update on DHSP adding ADAP enrollment sites. OA had requested justification and the local ADAP Coordinator, David Pieribone, has already submitted some certifications, but has had no reply.
- Mr. Vincent-Jones thanked OA for its hard work with the Commission and providers in developing a 6-month re-certification procedure that is the least burdensome for consumers. Dr. Mark thanked the Commission for its insight.

➲ Ms. Dhillon will follow-up on the DHSP request to add ADAP enrollment sites.

B. California Planning Group (CPG): OA will convene the CPG in Sacramento in February 2013. A one-day agenda is being planned and will be posted on the OA website once finalized. Key topics will be review of the last 2010-2013 session, recruitment for the next session, and how the CPG should be structured in the future.

13. DIVISION OF HIV AND STD PROGRAMS (DHSP) REPORT:

A. HIV Epidemiology Report:

- Dr. Frye said the annual report should be completed and approved for release by February 2013. The report will include some Retention In Care (RIC) and VL indicators as well as, per the CDC's advice, a section on Native Americans/American Indians. For the first time, the report will be released solely on the Internet.

- CDC will release the 2013 estimate of PLWHA shortly. They have mentioned, though have not yet committed to it in writing, that the percentage of those unaware of their infection has declined to 18% from the last estimate of 20-21%.

B. Administrative Agency Report:

- Mr. Pérez reported the Board approved the Fee For Service Ambulatory Outpatient Medical (AOM) Care Services contracts. The Board package included MCC contracts. Every medical outpatient home supported by DHSP now has the same revenue and resource opportunities to provide high quality services. He thanked the Commission for its support.
- There will be three site visits to the County in January 2013. John O'Merman, Division of HIV Prevention, CDC was invited over two years ago. He will be visiting Los Angeles for the NAESM Conference, giving DHSP the opportunity to show him the scope, breadth and complexity of prevention in the County.
- HRSA will conduct a site visit the third week of January including expenditure review to assure funding of last resort. They have also asked to visit two RW-funded clinics with multiple RW funding streams and services. They want to sit down with clinic leadership to discuss resource tracking and allocations, both among multiple RW funding streams and to assure funding of last resort. DHSP is in the process of identifying the two clinics.
- The Office of National AIDS Policy (ONAP) will also visit probably in late January/early February. The dates are not confirmed as yet, so there will be minimal notice, but it is a priority to provide as fruitful a visit as possible.
- This year, DHSP will submit the Comprehensive STD Prevention Services application due in May 2013. It is part of the Division of STD Prevention's five-year funding cycle and similar in nature to the HIV Prevention Cooperative Agreement. Guidance has not yet been received, but the application will offer an opportunity for different approaches that can potentially improve the County's STD response. The 2011 Morbidity Report indicates STDs have increased to >60,000.
- DHSP plans elaborate STD mapping, but it is already clear South Los Angeles experiences extremely high rates. The first phase of an enhanced STD control initiative under the leadership of Supervisor Mark Ridley-Thomas has been completed. Approval has been received for Valerie Coachman-Moore to facilitate several months of strategic planning for STD control in South Los Angeles. The planning is expected to be a model for other County areas.
- Part of the strategic planning process will be to do an environmental scan of both public and private STD resources. Grant resources—mostly from the federal government—are available to the County that could support most STD services. Both STD and HIV responses are being reviewed to identify how resources are used, what is cost-effective, who the community partners are, what support and capacity building is needed, and where there are windows of opportunity for programmatic and systemic improvement.
- Community leaders are invited to join in strategic planning. Planning will start with key informant provider and community leader interviews by Ms. Coachman-Moore. The process will be transparent, driven by the community stakeholder group, and will encourage learning from existing planning models, such as the Commission.
- Mr. Vega-Matos reported training was started in December 2012 for the transition to FFS AOM and implementation of MCC. A full schedule of trainings is available, as is TA on implementation and help in adjusting agency staffing patterns.
- Ms. Washington-Hendricks asked about training on MCC referrals for non-medical providers. Mr. Vega-Matos said the current focus is to ensure medical homes are up-and-running, but orientations will be provided at the other sites.
- HRSA has approved DHSP's request for TA to evaluate and enhance its oral health response. Mr. Vega-Matos was on a conference call on 1/9/2013 with the Project Officer and Dr. Timothy Martinez, Western University of Health Sciences, who is a HRSA Special Projects of National Significance (SPNS) consultant on oral health issues. DHSP will be working closely with Dr. Martinez and will share the scope of work with the SOC Committee.
- An Oral Health Advisory Committee (OHAC), similar to the Medical Advisory Committee (MAC), has been established. OHAC is composed of current and anticipated DHSP-funded providers. It will work closely with Dr. Martinez. Like MAC, consumers will not be members of OHAC. Consumer input is sought through the Commission and Consumer Caucus.
- The next phase of Oral Health expansion will go before the Board in February. If approved, services will start 3/1/2013.

14. STANDING COMMITTEE REPORTS:

A. Standards of Care (SOC) Committee:

1. ***Optometry Services Standard of Care***:

- Dr. Younai presented a PowerPoint on the new service. The standard of care is only for optometry. Ophthalmology services are addressed separately under Medical Specialty Services.
- Providers must be experienced, well-trained and knowledgeable about needs of a culturally complex treatment population. Communication between providers and medical outpatient (MO) or MCC providers is critical.

- Key sources were: "Vision Care Standards of Care," Utah, RW Title II, 2004 and "2012-2013 Houston EMA RW Part A/B Standards of Care for HIV Services, Vision Services," 2012.
- Optometrists/opticians must be licensed to practice in the State of California. Ophthalmic technicians, optometry and medical assistants must have JCAHPO-certified ophthalmic assistant certification. HIV/AIDS training will be required.
- Services relate to HIV in three ways: 1) HIV-related eye disorders and OIs affect patients' vision, e.g. the retina and choroid; 2) vision impairment can negatively impact patients' engagement, adherence and retention in care; 3) vision impairment co-occurs with other conditions common to HIV patients, e.g., diabetic retinopathy.
- Service components are: linked referrals from MO/MCC, optometry intake, comprehensive eye exam, treatment plan and intervention when indicated, and optician services, including glasses and lenses.
- The comprehensive eye exam includes: visual acuity and field exam, cranial nerve exam, refraction test, binocular vision muscle assessment, observation of external structures, fundus/retina exam, Dilated Fundus Exam (DFE) when indicated, glaucoma test, hypertension test and ishihara color vision test.
- The treatment plan and intervention includes: linked referrals from MO/MCC with copy of optometry treatment back to MO/MCC, urgent referrals to MO/Specialty (Ophthalmologist) if immediate attention required, referrals for other conditions identified in the eye will be indicated to MO/MCC, all services are limited to annual optometry reimbursement cap determined by DHSP, with clinically necessary or other exceptions approved by DHSP.
- Units of service are: optometrist visit, optician visit and number of clients.
- Public comment is open until 1/31/2013. Comments can be emailed to cvincent-jones@lachiv.org or mailed to Los Angeles County Commission on HIV, 3530 Wilshire Boulevard, Suite 1140, Los Angeles, CA 90010.

2. ***Special Population Services/Guidelines***:

- Mr. Vincent-Jones reported the SOC Committee has begun discussing how the special population guidelines can play a more relevant role in minimum expectations and best practices aimed at particular populations.
- The issue has been raised by the Latino Caucus and multiple groups that sought review of youth services. Over 25% of HIV infections are in youth 13 - 24 and >60% are unaware. While that discussion continues, the subject is prominent worldwide, e.g., as Ms. Husted noted, at the July 2012 XIX International AIDS Conference.
- The SOC Committee recommends that it is time to start looking at how we allocate and plan service delivery, not only around the services provided, but the populations served, especially the most vulnerable/disenfranchised populations.
- The motion is a directive to both SOC and P&P to plan for the special needs of key populations from minimum expectations (SOC) to priority- and allocation-setting (P&P), consistent with the Comprehensive HIV Plan.
- Over the years, the Commission identified 15 special populations and the PPC identified vulnerable populations. The Comprehensive HIV Plan summarized key and priority populations, as well as populations of interest.

MOTION 4: Direct the P&P and SOC Committees to consider allocation methods for services that address special population needs in FY 2013 and subsequent years ***(Passed by Consensus)***.

3. ***Linkage to Care (LTC) Services***: Mr. Vincent-Jones reported there have been two LTC Expert Review Panels (ERPs). So much information was received that the draft is being rewritten. Two more ERPs will be scheduled in the Spring to review the new draft. A final draft should be available for presentation in several months.

B. Joint Public Policy (JPP) Committee:

1. ***Governor's Proposed FY 2013 State Budget***:

- Mr. Fox noted Governor Brown's General Fund budget is $97.7 billion. There were rumors he might not want to expand Medi-Cal, but in his press conference he called the ACA "heroic" and said he will work to implement it. The budget chart is on the OA website. Only the summary was released earlier, but the full budget will be released soon and can be accessed at ebudget@california.gov.
- Dual-eligibles will transition to a Medi-Cal Managed Care Plan for most care, but County implementation of the transition has been pushed back to September 2013, and will occur over 18 months.
- Mr. Simon noted health care reform has a $350 million placeholder for the mandatory Medi-Cal expansion. Governor Brown has offered both a state-level and a county-level option based on LIHP.

2. ***ADAP 6-month Eligibility Re-certification***: Mr. Simon commented that HRSA is requiring 6-month re-certification, but the consumer burden has been reduced through active dialogue with OA and HRSA. A major provider burden remains to implement it. The state is hoping to increase funding via savings to help.

3. ***Routine Testing Legislation***: JPP has worked with multiple partners to draft legislation. Language should be finalized by February 2013. Assemblywoman Holly Mitchell will author at least part of it. There is no current community opposition.

C. Operations Committee:

1. ***New Member Orientation***: The new member orientation is scheduled for 1/18/2013. Members should have received emails about the orientation and should RSVP if they plan to attend. Mr. Vincent-Jones noted any member who has not already attended a new member orientation is expected to participate.
   - ➲ Agreed to also invite PPC members to attend the orientation.

D. Priorities & Planning (P&P) Committee: Mr. Land reported P&P will launch priority- and allocation-setting this month.

15. CAUCUS REPORTS:

A. Consumer Caucus:

- Mr. Vega-Matos attended the 12/13/2012 meeting to gather input on what consumers would like to see in an information and referral system for today's more complex, multi- health care system landscape to ensure services, accessibility and options. Ms. Washington-Hendricks asked about other input opportunities. Mr. Vega-Matos replied DHSP is open to attending any community or advisory meeting to which it is invited. The process has just started.
- Several Caucus attendees also asked about the DHSP Warm Line number. It is 1.800.260.8787.
- The Consumer Caucus will meet Ms. Ingvoldstad, HRSA Project Officer, on 1/24/2013. It will also meet after the Commission meeting to prepare for the special 1/24/2013 meeting with the Project Officer.
- Mr. Chud noted the California Health Care Exchange for those at 133%-400% of the Federal Poverty Level (FPL) is called Covered California. Their Board will meet in Los Angeles for the first time 1/15/2013. Contact: www.hbex.ca.gov.

B. Latino Caucus: The next meeting will be 1/25/2013, 10:00 am to 12:00 noon, at the Commission offices. The regular meeting is the third Friday of the month from 10:00 am to 12:00 noon.

16. AIDS EDUCATION/TRAINING CENTERS (AETC) REPORT:

- Dr. Espinoza, Assistant Director, USC-PAETC, reported they are training two fellows per year–one focused in a correctional setting and one in general HIV. There is also an ongoing clinical training program that acts as a mini-residence program and a clinical training program tailored to providers. Interested providers are encouraged to request training.
- The USC-PAETC recently received a grant through AIDS United with matching funds from DHSP to work with the Center for Health Justice to link HIV+ inmates released from the California Department of Corrections or the Los Angeles County Jail to HIV care in the community. The contract has not yet been finalized, but the project should start by February 2013.
- The Charles Drew-PAETC 1/29/2013 Last Tuesday Training will be "The Affordable Care Act and HIV in LA County." Tom Donohoe, Director, UCLA-PAETC will facilitate, and Messrs. Vega-Matos and Vincent-Jones will present. The UCLA-PAETC will also present a webinar 1/17/2013 on HIV Community Based Organizations (CBOs) strategic restructuring in the era of ACA.

17. SPA/DISTRICT REPORTS:

- Ms. White, SPA 6, was disappointed to hear about increased STD numbers. She continues to work with the Women's Collaborative and looks forward to efforts to bring numbers back down. SPA 6 met 1/8/2013 and discussed priorities developed at their December 2012 retreat. A key goal is stronger outreach to office holders for collaboration. SPA 6 includes providers across the spectrum of health and social services. The SPA 6 Service Provider Network is one of the longest running in the County and can serve as a capacity building model for other areas.

18. COMMISSION COMMENT:

- Joseph Green said the Life Group's next Poz Life Weekend is 1/18-19/2013, West Hollywood.
- Ms. O'Malley reported she has a 20-year-old patient who is not HIV+, but has a debilitating illness requiring total care. The family is Japanese and faces multiple barriers. She called Jury Candelario, APAIT, who found help within 24 hours. She felt it important to acknowledge when people step up to help those with disabilities, even outside their own communities.

- Mr. Vincent-Jones reminded all that the March meeting will be 3/7/2013, not 3/14/2013. The time has not yet been set.
- Valet parking will be available for all future meetings at St. Anne's Maternity Home.
- A format has been developed for Ms. Branchick, DHS and Dr. Jones, Department of Mental Health, to routinely report to the Commission on matters such as LIHP pertaining to their respective departments. Reports will begin shortly.
- Wendy Schwartz, previous Commissioner, has retired from the County and is returning to Boulder CO.

19. **COMMISSION MEETING ADJOURNMENT**: Mr. Johnson adjourned the meeting at 1:05 pm.

A. Commission Roll Call (**Present)**: Aviña, Bailey, Branchick, Cadden, Espinoza, Fox*, Frye, Giugni*, Goddard, Joseph Green, Johnson, Kelly, Kiburi, Land, Liso/Chud, Long, Abad Lopez, O'Malley, Palmeros, Pérez, Simon, Spencer, Vega-Matos, Washington-Hendricks, Younai

MOTION AND VOTING SUMMARY		
MOTION 1: Approve meeting minutes from November 8, 2012, as presented.	***Passed by Consensus***	**MOTION PASSED**
MOTION 2: Elect Michael Johnson Commission Co-Chair for a two-year term, as nominated and voted.	***Passed by Consensus***	**MOTION PASSED**
MOTION 3: Elect Joseph Green and Ted Liso as Executive Committee At-Large members, as nominated and voted.	***Passed by Consensus***	**MOTION PASSED**
MOTION 4: Direct the P&P and SOC Committees to consider allocation methods for services that address special population needs in FY 2013 and subsequent years.	***Passed by Consensus***	**MOTION PASSED**